

# NATIONAL Assessment Centre Services

|                          |  |                       |               |
|--------------------------|--|-----------------------|---------------|
| Date In 24/02/2018 12:34 | Job description                          | Date & Time Completed | Done by       |
| Ref No NA/INC18003545/K4 | SAS e-filing                             |                       |               |
| Veh No SK41163R          | E-mail (within 8hrs, AIC 2hrs)           |                       |               |
| DOA 22/02/2018 19:00     | i-Motor Claim Form                       | MT/0983564            | 26/2/18 10:00 |
| OD TP Reporting Only     | i-Motor W/O (Within: OD 2hrs TP 4hrs)    |                       |               |
|                          | i-Photo Uploaded                         |                       |               |
|                          | Assessment/Survey Report                 |                       |               |
| TP Insurer:              | Ass't Report by Fax / Hand to Owner/Wksp |                       |               |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:  | Fax:                  |
| TP Particulars:                          | Veh No: EA7877B   | INC ( ) / Non-INC ( ) |
| Owner / Driver: (                        | Tel:  |                       |
| Policy No: (                             | Period: (   | Cover Type: (         |
| Confirmed by: (                          | Date:   | Time:                 |
| Insured/Driver Liability: (              | %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%] |                       |
| Year of Registration: (                  | Warranty: YES ( ) / NO ( )                                  |                       |
| Excess: (\$                              | Loading: \$1,000 ( ) / \$2,000 ( )                          |                       |

**General Remarks:-**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

| Remarks:  | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616)                                |                       |         |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| 2) QC Check / Post Repair Inspection ( )                |                       |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

**Injury:**

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                          |   |             |           |           |
|--------------------------|---|-------------|-----------|-----------|
| NA1801173                | <b>Invoice Preparation Checklist</b>            |             | Am't (\$) | Am't (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30);               |             | 1st Bill  | Add Bill  |
| Driver/Owner:            | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |           |           |
| Contact No:              | 3) TF: Towing Fee \$40/\$45                     |             |           |           |
| Damaged Portion:         | 4) FT: Follow-Through Survey \$120              |             |           |           |
|                          | 5) i-T: Follow-Through Survey (Resurvey) \$30   |             |           |           |
|                          | For claiming against INC Only (wef 10 Jan 2005) |             |           |           |
|                          | 6) TR: Re-inspection \$75                       |             |           |           |
|                          | 7) NI: Idac DA + SMRT Survey \$160              |             |           |           |
|                          | 8) NTUC Additional Services:-                   |             |           |           |
|                          | OD*   |             |           |           |
|                          | *N5: Courtesy Car / Tpt Allowance \$5           |             |           |           |
|                          | *N6: Repair Co-ordination \$10                  |             |           |           |
|                          | *N7: Post Repair Inspection \$25                |             |           |           |
|                          | *N8: DV / Collect Excess Coordination \$5       |             |           |           |
|                          | *N9: DV / Collect Excess Coordination \$20      |             |           |           |
|                          | TP (N11): TP (Non INC) against INC 30           |             |           |           |
|                          | 9) N12: Idac Mobile                             |             |           |           |
|                          | Invoice dated                                   | Fee Charged |           |           |
|                          | Invoice dated                                   | Fee Charged |           |           |
| Auditors' Comments:-     |   |             |           |           |
| Cat 1:                   |   |             |           |           |
| Cat 2 / 3:               |   |             |           |           |



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

|                            |   |
|----------------------------|---|
| Date Of Report             | 24/02/2018 12:34                          |
| Date Of Accident           | 22/02/2018 19:00                          |
| Exact Location Of Accident | MCE TWDS BEFORE EXIT FORD RD - ECP CHANGI |
| Country/State of Loss      | SINGAPORE                                 |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SKU1163R              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | S L LIMOUSINE SERVICE |
| Co Reg No                   | 53282241B             |
| Email Address               | NOEMAIL               |
| Mobile Phone No             | (LOCAL) +65-96678779  |
| Alternative Phone No        | OFFICE-96678779       |

### Vehicle Particulars

|  |                              |
|--|------------------------------|
| Manufacturer   | TOYOTA                       |
| Model  | ALPHARD 2.5 CVT ELEGANCE S/R |
| Exact Purpose for which vehicle was being used at time of accident           | WORK                         |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                           |
| If No, Please state action to be taken                                       | THIRD PARTY                  |
| Vehicle Category   | PRIVATE HIRE                 |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5072330730-02                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | EE POH SIONG          |
| NRIC No              | S7023782B             |
| Date Of Birth        | 16/07/1970            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 08/06/1992            |
| Driving Experience   | 25 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-96678779  |
| Fax Number           |                       |
| Contact Number       | OTHERS-96678779       |
| EMail Address        | NOEMAIL               |

|   |                           |
|---|---------------------------|
| Address   | 4 SIN MING ROAD<br>#07-03 |
| Postcode  | 575584                    |
| Was driver an employee of the Insured's Company     | NO                        |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER             |
| Vehicle Registration Number of Driver's Own Vehicle | -                         |
|   | -                         |
| Insurance Company of Driver's Own Vehicle           | -                         |
|   | -                         |
|   | -                         |

#### General Information of the Accident

|                    |                 |
|--------------------|-----------------|
| Type Of Accident   | CHAIN COLLISION |
| Weather Conditions | CLEAR           |
| Road Surface       | DRY             |

#### Other Information

|   |                                 |
|---|---------------------------------|
| Was any foreign vehicle involved in this accident?  | NO                              |
| Number of vehicles involved in the accident   |                                 |
| Was any body injured in the Accident?   | YES                             |
| Was any injured conveyed to hospital by ambulance?  | NO                              |
| Was any other material or property damaged?   | YES                             |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO                              |
| Number of Passengers (Including Driver)   | 5                               |
| Passenger 1   | NAME: : NIL<br>GENDER: : MALE   |
| Passenger 2   | NAME: : NIL<br>GENDER: : MALE   |
| Passenger 3   | NAME: : NIL<br>GENDER: : MALE   |
| Passenger 4   | NAME: : NIL<br>GENDER: : FEMALE |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | EA7877B     |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |

|                                     |                     |
|-------------------------------------|---------------------|
| Name of Driver                      | ONG YILIN GENEVIEVE |
| NRIC/Passport Number                | S8617756J           |
| Contact Number                      |                     |
| Address                             |                     |
| Postcode                            |                     |
| Insurance Company Name              |                     |
| Nature Of Damage                    |                     |
| No. Of Passenger (Including Driver) |                     |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|                                     |                  |
|-------------------------------------|------------------|
| Vehicle Registration Number         | SLM747T          |
| Vehicle Make/Model/Colour           |                  |
| Details Of Properties               |                  |
| Vehicle Category                    | PRIVATE CAR      |
| Name of Driver                      | LIZHIWEI DERRICK |
| NRIC/Passport Number                | S8628620C        |
| Contact Number                      |                  |
| Address                             |                  |
| Postcode                            |                  |
| Insurance Company Name              |                  |
| Nature Of Damage                    |                  |
| No. Of Passenger (Including Driver) |                  |

#### DETAILS OF OTHER VEHICLE PROPERTY 3

|                                     |                |
|-------------------------------------|----------------|
| Vehicle Registration Number         | SDA8800C       |
| Vehicle Make/Model/Colour           |                |
| Details Of Properties               |                |
| Vehicle Category                    | PRIVATE CAR    |
| Name of Driver                      | SEOW CHOW CHIN |
| NRIC/Passport Number                | S7411030D      |
| Contact Number                      |                |
| Address                             |                |
| Postcode                            |                |
| Insurance Company Name              |                |
| Nature Of Damage                    |                |
| No. Of Passenger (Including Driver) |                |

#### DETAILS OF OTHER VEHICLE PROPERTY 4

|                                     |              |
|-------------------------------------|--------------|
| Vehicle Registration Number         | SHB4095U     |
| Vehicle Make/Model/Colour           |              |
| Details Of Properties               |              |
| Vehicle Category                    | TAXI         |
| Name of Driver                      | ENG BUCK WAH |
| NRIC/Passport Number                | S1308014C    |
| Contact Number                      |              |
| Address                             |              |
| Postcode                            |              |
| Insurance Company Name              |              |
| Nature Of Damage                    |              |
| No. Of Passenger (Including Driver) |              |

#### DETAILS OF INJURED PERSON 1

|      |              |
|------|--------------|
| Name | EE POH SIONG |
|------|--------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

Address

Postcode

BACK PAIN

SKU1163R

YES



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

### S L LIMBOHNE SERVICE

Blk 123 H. Wang, Unit 1  
#10-1413 Singapore 530168  
Tel: 6844 3358, 9767 8993

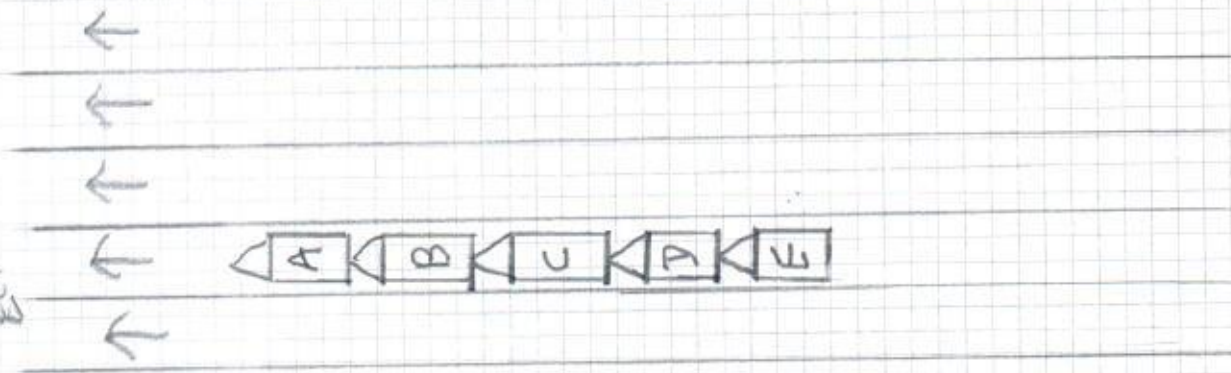
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 24/2/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Exit Ford Road  
ECP Changi



A: SKU  
1163R  
B: EA  
7877B  
C: SLM  
747T  
D: SDA  
8800C  
E: SHB  
4095U

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Exit Ford Road ECP Changi. Vehicle A stop and suddenly Vehicle B hit on Vehicle A rear portion. The traffic was heavy. Followed by Vehicle C, D, E.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

S L LIMOUSINE SERVICE

Blk 168 Hougang Avenue 1

# Policyholder's Signature


Date & Time: 25/5/2018, 9787 9993

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7023782B



EE POH SIONG

俞保祥

CHINESE

Date of Birth: 16-07-1970 Sex: M

Country of Birth: SINGAPORE

3176455



NRIC No: S7023782B



Class Group: O- Date of issue: 24-07-2000

4 SIN MING ROAD #07-03  
SINGAPORE 575584

NRIC No: S7023782B Date: 26/10/2017

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7023782B

Name: EE POH SIONG

Birth Date: 16 Jul 1970

Issue Date: 04 Jun 2003





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE: 08 Jun 1992

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 429A

License No: S7023782B





Hello, NAC\_PAYA\_UBI\_800601

• Change Language

• Change Password

• Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

| Select                | Policy No.    | Policyholder Name     | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|-----------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5072330730-02 | S L LIMOUSINE SERVICE | 53282241B         | GPC     | drivo PREMIUM | SKU1163R    | SKU1163R       | 30/06/2017    | 29/06/2018  |

## ▼ Policy Information

|                             |  |                             |                       |                   |                  |
|-----------------------------|--|-----------------------------|-----------------------|-------------------|------------------|
| Policy No.                  | 5072330730-02                                      | Policyholder Name           | S L LIMOUSINE SERVICE | Policyholder NRIC | 53282241B        |
| Address                     | BLK 168 #10-1413 HOUGANG AVENUE 1 SINGAPORE 530168 |                             |                       |                   |                  |
| Product Name                | PRIVATE CAR INSURANCE                              | Plan                        |                       | Group Policy Flag | N                |
| Policy issue Date           | 27/06/2017   | Effective Date              | 30/06/2017 00:00      | Expiry Date       | 29/06/2018 23:59 |
| Third Party Excess          | 1500   | Own damage Excess           | 2000                  | Windscreen Excess | 100              |
| Additional Excess           | 0  | OS Premium                  | 0                     |                   |                  |
| Outside Singapore OD Excess | 2000   | Outside Singapore TP Excess | 1500                  |                   |                  |
| Agent                       | ASSURE PTE. LTD.                                   | Agent Tel.                  | 68489119              | GST Flag          | Y                |
| Co-insurance Flag           | No   |                             |                       |                   |                  |
| Open Policy Info            |  |                             |                       |                   |                  |
| Certificate Info            |  |                             |                       |                   |                  |

## ▼ Policyholder Mailing Address

|           |                  |                       |                   |           |                  |
|-----------|------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 168 #10-1413 | Address 2             | HOUGANG AVENUE 1  | Address 3 | SINGAPORE 530168 |
| Address 4 |                  | Address Type          | Singapore address | Post Code | 530168           |
| Unit No.  | 06-71            | Related Policy Number | 5089240223-01     |           |                  |

## ► Insured Object: SKU1163R

## ▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue

Cancel



## Claim Handling

Accident MT/0983564

|                     |  |                     |  |                      |      |
|---------------------|--|---------------------|--|----------------------|------|
| Policy No.          | 5072330730-02  | Vehicle No.         | SKU1163R   | GST Registration No. |      |
| Policyholder Name   | S L LIMOUSINE SERVICE                                    |                     |  | Policyholder NRIC    | 5321 |
| Product Code        | PRIVATE CAR INSURANCE                                    | Cover Type          | drive PREMIUM  | Loading              | 0    |
| Contact No.(Mobile) | 96678779   | Contact No.(Office) | 0  | Contact No.(Home)    | 0    |
| Email Address       |  | Special Remark      |  | eCode                | No   |
| KFK                 | <input type="checkbox"/> No <input type="checkbox"/> Yes | TCA                 | <input type="checkbox"/> No <input type="checkbox"/> Yes | eCode Reason         |      |
| NCD Protection      | No   | NCD Entitlement(%)  | 20   | Private Hire         | Yes  |

## ▼ Accident Details

|                   |   |                               |       |                     |      |
|-------------------|---|-------------------------------|-------|---------------------|------|
| Report Date       | 26/02/2018 09:53                          | Accident Report Within 24 hrs | Yes   | Accident Type       | Chai |
| Date of Accident  | 22/02/2018                                | Time of Accident hh:mm        | 19:00 | Country of Accident | Sing |
| Reporting Centre  |   | Orange Force                  |       | ICM No.             |      |
| Accident Location | MCE TWDS BEFORE EXIT FORD RD - ECP CHANGI |                               |       |                     |      |

## ▼ Benefits

## ▼ Excess

|                       |          |                             |          |                   |  |
|-----------------------|----------|-----------------------------|----------|-------------------|--|
| Own damage Excess     | 2,000.00 | Additional Excess           | 0.00     | Windscreen Excess |  |
| Unnamed Driver Excess |          | Outside Singapore OD Excess | 2,000.00 |                   |  |
| Third Party Excess    | 1,500.00 | Outside Singapore TP Excess | 1,500.00 |                   |  |

## ▼ GST Registered Information

|                      |    |                       |  |     |  |
|----------------------|----|-----------------------|--|-----|--|
| GST Registered       | No | GST Registration Date |  |     |  |
| GST Registration No. |    | GST Status Verified   |  | Yes |  |
| Modification History |    |                       |  |     |  |

## ▼ Policyholder Mailing Address

|           |                  |                       |                   |           |     |
|-----------|------------------|-----------------------|-------------------|-----------|-----|
| Address 1 | BLK 168 #10-1413 | Address 2             | HOUGANG AVENUE 1  | Address 3 | SIN |
| Address 4 |                  | Address Type          | Singapore address | Post Code | 530 |
| Unit No.  | 06-71            | Related Policy Number | 5089240223-01     |           |     |

## ▼ OI Driver Info

|   |  |                     |                   |                        |      |
|---|--|---------------------|-------------------|------------------------|------|
| Driver Name                             | Unnamed Driver   | Driver Type         | Unnamed Driver    |                        |      |
| Unnamed driver Name                     | EE POH SIONG   | Driver NRIC         | 57023782B         | Driver DOB             | 16/0 |
| Register Date of Driver License         | 08/06/1992   | Driver Age          | 47                | Driving Experience     | 25   |
| Contact No.(Mobile)                     | 96678779   | Contact No.(Office) | 0                 | Contact No.(Home)      | 0    |
| Address 1                               | 4 SIN MING ROAD  | Address 2           |                   | Address 3              |      |
| Address 4                               |  | Address Type        | Singapore address | Post Code              | 575  |
| Unit No.                                | #07-03   |                     |                   |                        |      |
| Does he own a Singapore Registered car? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Driver Vehicle No.  |                   | Driver Insurer Company |      |

## Declaration

|                                     |      |             |   |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-------------------------------------|------|-------------|---|

## Modification History

Claim 001 OD-MX

New

|   |                                   |                         |                                  |                            |      |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|------|
| Claim Type *  | OD-MX                             | Insured Name            | S L LIMOUSINE SERVICE            | Insured NRIC               | 5321 |
| Contact No.(Mobile)                                 | 97879993                          | Contact No.(Home)       |                                  | Contact No.(Office)        | 684  |
| Email Address                                       | sllimousineservice@gmail.com      | OI Vehicle Number       | SKU1163R                         | TP Vehicle Number          | EA7  |
| Claim Description                                   | SKU1163R / EA7877B ON 22 Feb 2018 |                         |                                  |                            |      |
| Preferred Workshop Contact No.                      |                                   | Insured Liability *     | Partially at Fault               | Name of Preferred Workshop |      |
| Require Finalisation                                | Yes                               | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report                 | Rec  |
| Date Registered                                     | 26/02/2018 10:04                  | Claim Close Date        |                                  | Date Received              | 26/0 |
| Report Taken By                                     | KRISHNASAMY                       | Workshop Repairer       |                                  | Total Loss but Repaired    |      |
| <input checked="" type="checkbox"/> Print AK letter |                                   |                         |                                  |                            |      |
| <div>Save Submit</div>                              |                                   |                         |                                  |                            |      |

## Attachment

2/26/2018

## Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0983564

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

26/02/2018 10:00

Path \*

Category \*

Confidential

Urgency \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen



















Choose File No file chosen

Choose File No file chosen

Message Read

|       |               |    |        |
|-------|---------------|----|--------|
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |

## Attachment List

| Attachment  | Uploaded By/Date   | Category              | Urgency | Descip             |
|---|--|-----------------------|---------|--------------------|
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 10:04 | NRIC/ Driving License | Normal  | NRIC/ Driving Lice |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 10:03 | SAS                   | Normal  | SAS 2018           |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 10:02 | Photos                | Normal  | Photos 20:         |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 10:02 | Photos                | Normal  | Photos 20:         |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 10:02 | Photos                | Normal  | Photos 20:         |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 10:02 | Photos                | Normal  | Photos 20:         |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 10:02 | Photos                | Normal  | Photos 20:         |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 10:02 | Photos                | Normal  | Photos 20:         |
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|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 10:01 | Photos                | Normal  | Photos 20:         |

## Video List

| Uploaded By/Date | Folder Date | File Name | Source |
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